

**BOARD OF BEHAVIORAL SCIENCE EXAMINERS**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814
TELEPHONE: (916) 445-4933



DECLARATION AND REQUEST FOR REPLACEMENT LICENSE or REGISTRATION

FEE: \$20.00

For Office Use Only:

Cashiering No. _____

Approved by: _____

Date ordered: _____

Date mailed: _____

1. Request is hereby made for: *(Check one)*

a. Replacement of original wall license ☐

b. Replacement of current renewal license or registration ☐

2. Reason for request: *(Check one)*

a. Lost ☐

b. Stolen ☐

c. Destroyed ☐

d. Original not received ☐

e. Mutilated* ☐

* If reason e is checked, the document to be replaced must be returned with this declaration.

(Please type or print legibly in ink.)

Full Name:	First	Middle	Last	Daytime Phone Number: ()
Address **: Number and Street	City	State	Zip Code	Social Security Number: - -
License Classification:		License, Certification or Registration Number:		
State circumstances regarding loss of license: _____ _____ _____ _____				

I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct, that if above reason a, b, c, or d is checked I will immediately return the license, certificate or registration to the Board of Behavioral Science Examiners should said license, certificate or registration be found, or report its whereabouts should it become known to me.

Signature: _____ Date: _____

** The address you enter on this declaration will become public information. If you do not want your residence address available to the public, please provide your mailing address.